

PTO/SB/17 (12-04v2)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Redu	uction Act of 1995,	no person are required to	respond to a collection				control number.		
Effective on 12/08/2004, Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Complete if Known						
			7.00.000.000		09/869,067				
FEE TRANSMITTAL			Filing Date		Int'l December 17, 1999		9		
For FY 2005			First Named Inv						
101112003			Examiner Name C. Fronda						
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 1652						
TOTAL AMOUNT OF PA	Attorney Docket No. 246152014600								
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
X Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP									
For the above-ider	ntified deposit a	ccount, the Director i	s hereby authorize	ed to: (che	ck all that apply))			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
, , ,			ARCH FEES	EXAMI	INATION FEES				
Application Type	Fee (\$)	Small Entity Fee (\$) Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	Paid (\$)		
Utility	300	150 500		200	100				
Design	200	100 100	50	130	65				
Plant	200	100 300	150	160	80				
Reissue	300	150 500	250	600	300	,			
Provisional	200	100 0	0	0	0				
2. EXCESS CLAIM FEES							Small Entity		
ree Description							Fee (\$)		
Each claim over 20 (inclu	- ,					50	25		
Each independent claim over 3 (including Reissues)						200	100		
Multiple dependent claims						360	180		
Total Claims Extra			Paid (\$)	_	ultiple Depend				
	×	=		<u>F6</u>	ee (\$)	Fee Paid (\$	1		
Indep. Claims Extra		ee (\$) Fee	Paid (\$)				_		
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
100 = /50 (round up to a whole number) x = 4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00									
SUBMITTED BY ALL OF A TO THE STATE OF A TO THE S									
Signature	heell	SMX	Registration No. (Attorney/Agent)	44,422	Telephone	(858) 72	0-5100		
Name (Print/Type) Michael	G Smith				Date	June 16	2005		

PTO/SB/22 (12-04)
Approved for use through 7/31/2006. OMB 0651-0031
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	XTENSION OF TIME UNDER 3' FY 2005	Docket Number (Optional) 246152014600							
Application Number	he Consolidated Appropriations Act, 2 r 09/869,067	Filed Int'l December 17, 1999							
Application Number	09/009,007	Filed III December 17, 1999							
For PROCESS FOR THE PREPARATION OF α-AMINONITRILES WITH ENHANCED OPTICAL PURITY									
Art Unit 1652			Examiner	Examiner C. Fronda					
identified applicatio									
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):									
X One month (37 CFR 1.17(a)(1))		<u>Fee</u> \$120	Small Entity Fee \$60	\$ 120.00					
Two m	Two months (37 CFR 1.17(a)(2))		\$225	\$					
Three	Three months (37 CFR 1.17(a)(3))		\$510	\$					
Four months (37 CFR 1.17(a)(4))		\$1590	\$795	\$					
Five months (37 CFR 1.17(a)(5))		\$2160	\$1080	\$					
Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached.									
The Director has already been authorized to charge fees in this application to a Deposit Account.									
The Director has already been authorized to charge lees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpaymen Deposit Account Number O3-1952 Heave enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.									
I am the	applicant/inventor.								
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. Registration Number									
	attorney or agent under 37 CF	R 1 34							
	Registration number if acting of		44,422	·					
Michael Sont			June 16, 2005						
Signature			Date						
Michael G. Smith			(858) 720-5100						
	Typed or printed name	Telephor	ne Number						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.									
X Total of	forms are submit	ted.							

06/21/2005 RFEKADU1 00000025 031952 09869067

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